

**Summary of Stakeholder Comments on the December 14, 2015  
Methadone Re-bundling Proposal and Subsequent Clarification Documents**

February 16, 2016

Comment	Stakeholder Name, Affiliation, and Date	Department Response
Support		
Re-bundling reimbursement for methadone maintenance will improve provider accountability and quality of care. It will also recognize the importance of counseling to the recovery process.	Leana Wen, Commissioner of Health, Baltimore City Health Department 1/11/16 Congressman Elijah E. Cummings 1/12/16 Sarah Drennen, Frederick County Behavioral Health Services 1/29/2016	The Department thanks the contributors for their comments.
There was a consensus reached among the majority of providers in Baltimore City that they are supportive of the proposal.	Leana Wen, Commissioner of Health, Baltimore City Health Department 1/11/16	
Support for allowing IOP to be billed concurrently with Methadone Maintenance.	Rebecca Meyers, Allegany County Health Department 12/31/15	
Support for creating a legitimate reimbursement model for guest dosing.	Central Baltimore Partnership 2/2/16	
Specific Concerns About and Opposition To the Rebundling Proposal		
A majority of participants will either refuse or would not be able to attend group and individual counseling. Additionally not all OTPs have the space for group counseling.	Joel Prell, A Helping Hand and Genesis Treatment Services 1/19/16 Addiction Treatment Systems 1/27/16	Treatment modalities should include a group counseling component as this is a critical part

<p>Requiring participants to attend counseling is not clinically appropriate and would cause many participants to leave treatment.</p> <p>Therefore, it would be very difficult for OTPs to make up the difference between the current bundle and the proposed bundle through counseling.</p>	<p>Neal Berch Another Way, Open ARMMS, Frederick Institute, Starting Point, New Journey 12/16/2015</p> <p>Beverly Rose, WMRS 1/27/2016</p> <p>Jewell Benford, University of Maryland Drug Treatment Center 1/27/2016</p> <p>Michelle Hardy, Wicomico County Health Dept BH 1/29/2016</p> <p>Addiction Treatment Systems 1/27/16</p> <p>Rev. Milton Williams, Turning Point 1/28/16</p> <p>Michael Hayes, Marian Currens, Center for Addiction Medicine 1/29/2016</p> <p>Joel Prell, A Helping Hand and Genesis Treatment Services 12/16/2015</p> <p>Jerilyn Jackson 1/13/2016</p> <p>Barbara Wahl, Concerted Care Group Baltimore 12/18/2015</p> <p>Kevin Pfeffer, Turning Point, 1/7/2016</p> <p>Babak Imanoel, BH Health Services, Inc. 1/28/2016</p>	<p>of addressing substance use disorders. All providers should meet clients where they are.</p> <p>Outside of the once a month face to face requirement, counseling is not required. If a participant is not clinically appropriate for counseling the provider should follow clinically appropriate level of care.</p> <p>Providers should employ business models appropriate to their capacity within the requirement of a 50:1 counselor to client ratio.</p>
<p>Reimbursing for counseling separate from methadone maintenance will create an added administrative burden that will require additional staff time.</p>	<p>Joel Prell, A Helping Hand and Genesis Treatment Services 1/19/16</p> <p>Neal Berch Another Way, Open ARMMS, Frederick Institute, Starting Point, New Journey 12/16/2015</p> <p>Jewell Benford, University of Maryland Drug Treatment Center 1/27/2016</p> <p>Addiction Treatment Systems 1/27/16</p> <p>Charles Watson, BH, Eastern, Hampden,</p>	<p>Although moving to this re-bundling model may have some initial challenges, the ASO will be an essential resource for addressing those challenges.</p>

	<p>and Belair 1/29/2016</p> <p>Barbara Wahl, Concerted Care Group Baltimore 12/18/2015</p> <p>Kevin Pfeffer, Turning Point, 1/7/2016</p> <p>Jerilyn Jackson 1/13/2016</p> <p>Jinlene Chan, Anne Arundel County Department of Health 1/29/2016</p>	
While we appreciate the goal of increasing counseling services provided by OTPs, we are concerned about the proposal's unintended, negative results on access to substance use disorder services due to closure of OTPs and the associated increase in ED use.	Maansi Raswant, Maryland Hospital Association 1/29/2016	The Department and Beacon Health Options will work closely with the provider community to reduce any lapses in accessibility.
We are adamantly opposed to the re-bundling proposal because it would result in a significant reduction in reimbursement, closure of OTPs, and less access to services. The Department should withdraw their proposal.	<p>Joel Prell, A Helping Hand and Genesis Treatment Services 12/16/15</p> <p>Lee Tannenbaum, M.D. 1/5/16</p> <p>Noah Nordheimer, Concerted Care Group 1/25/2016</p> <p>Neal Berch Another Way, Open ARMMS, Frederick Institute, Starting Point, New Journey 12/16/2015</p> <p>Barbara Wahl, Concerted Care Group Baltimore 12/18/2015</p> <p>Kevin Pfeffer, Turning Point, 1/7/2016</p> <p>Jerilyn Jackson 1/13/2016</p>	The Department appreciates your input but respectfully disagrees.
The proposal may create community relations issues for OTPs due to larger census sizes and additional loitering.	<p>David Engwall, Man Alive and the Lane Treatment Center 12/28/15</p> <p>Addiction Treatment Systems 1/27/16</p>	Currently, providers cannot bill when a stable patient does not come into the program at least once per week. This new proposal will allow the program to bill

		<p>every week even if the patient doesn't come into the program. Additionally, the program can bill for intermittent individual/ group counseling.</p>
<p>There will be significant difficulty for OTPs to become PT 50s. Additionally the large number of applications may put an additional burden on the licensing agency, increasing wait time. OTPs will experience a loss of revenue until they are able to become PT 50s.</p>	<p>Addiction Treatment Systems 1/27/16</p>	<p>OTPs are automatically certified as a level 1 provider when reviewed by OHCQ and under this new proposal can bill for level 1 services as clinically appropriate.</p> <p>For programs with qualified staff that would like to become a PT 50, beginning the process earlier would be better.</p>
<p>The proposed reimbursement structure incentivizes recruiting new patients instead of retaining existing patients.</p>	<p>Jinlene Chan , Anne Arundel County Department of Health 1/11/2016 Jinlene Chan, Anne Arundel County Department of Health 1/29/2016</p>	<p>Currently for participants on a month's supply of take homes, providers may not bill except for the week the patient comes in. This means the program is billing once a month. Under the new structure, the program can bill weekly and only one face to face visit a month is required.</p> <p>Additionally, as clients have life changes, they will already be connected with this resource and at that point providers could bill</p>

		for counseling.
The proposed reimbursement structure creates an increased possibility for fraudulent billing.	Addiction Treatment Systems 1/27/16	<p>The Department, through its ASO, performs audits on providers and fraudulent billing would be captured.</p> <p>The proposed structure aligns quality with payment and enhances review of clinical services and quality of services.</p>
This proposal takes focus away from the patient and makes the system more rigid.	<p>Jerilyn Jackson 1/13/2016</p> <p>Babak Imanoel, BH Health Services, Inc. 1/28/2016</p>	The Department respectfully disagrees. The Department believes this proposal enhances clinical quality of care and allows more flexibility for treatment.
With increased focus on counseling for Medicaid patients, non-Medicaid patients will be neglected.	Addiction Treatment Systems 1/27/16	<p>All patients regardless of funding source should receive appropriate counseling services.</p> <p>Additionally, with the phase in of substance use treatment into Beacon Health Options combined with this reimbursement restructuring, clinical and payment policies align with best practices and create a single point of entry for participants.</p>
Grant funded programs and county health department	Jinlene Chan, Anne Arundel County	All programs are expected to

programs are expected to provide many "non-counseling" services (that a typical OTP does not provide) and a uniform bundled reimbursement for all OTPs will not take into consideration the many additional services that a program such as ours is expected to provide.	Department of Health 1/29/2016	provide services as regulations and accreditation require. Grant funding for non-reimbursable services remains with the jurisdiction.
Suggestions for Improvements		
Implementation		
The State should remain flexible with implementation in order to reduce interruptions to services.	Leana Wen, Commissioner of Health, Baltimore City Health Department 1/11/16 Congressman Elijah E. Cummings 1/12/16	This pre-proposal process is designed to inform providers so they can better prepare for implementation and give enough lead time to ramp up for changes in their services.
Changes should be phased in, in order to reduce unintended consequences to patients, allow providers time to adjust, and allow analysis of results between phases.	Jason David, Outlook Recovery and Bayside Recovery 1/29/16 MATOD 1/23/16 Noah Nordheimer, Concerted Care Group 1/25/2016 Frank Baumann, MedMark 1/26/16 NCADD-Maryland 1/28/16 Charles Watson, BH, Eastern, Hampden, and Belair 1/29/2016 Jinlene Chan, Anne Arundel County Department of Health 1/29/2016	
Excessive modification to the OTP system of care, including changes in the reimbursement structure and/or rates, in a short period of time, can cause significant uncertainty in the system. We strongly recommend that the implementation of the proposed structural and rate changes not coincide with	MATOD 1/23/16 Frank Baumann, MedMark 1/26/16 NCADD-Maryland 1/28/16 Noah Nordheimer Concerted Care Group 12/22/2015	

the removal of block grant funding from providers of Ambulatory Services, including medication-assisted treatment.	Charles Watson, BH, Eastern, Hampden, and Belair 1/29/2016 Jinlene Chan, Anne Arundel County Department of Health 1/29/2016	
The Department should implement a plan that if a large number of providers go out of business as a result of the rebundling the former rate structure will be implemented.	Noah Nordheimer, Concerted Care Group 1/25/2016	
There should be additional conversations and analysis before any decisions are made and any decisions should be clearly presented to providers.	Jason David, Outlook Recovery and Bayside Recovery 1/29/16 Noah Nordheimer, Concerted Care Group 1/25/2016 Rev. Milton Williams, Turning Point 1/28/16	
Counseling Authorizations and Other Processes		
Allowing counseling to be provided either by the OTP or another provider would allow greater accessibility of treatment, especially in rural areas.	Joyce Agatone, Carroll County Youth Services Bureau 12/16/15 Eric Gray, Program Director, Worcester County Health Department 1/8/16 Jessica Sexauer, Worcester County CSA and Local Management Board 1/13/16 MACSA 1/29/16 John Winslow, Program Director, Dorchester County Health Department Dr. Laurence Polsky, Calvert County Health Department 12/23/15	The OTP must provide the level 1 counseling. A PT 50 can provide IOP, if clinically indicated.
The Department should eliminate or simplify the authorization process for counseling.	Joel Prell, A Helping Hand and Genesis Treatment Services 1/19/16	With Beacon as a single point of entry for substance use disorder

	<p>Frank Baumann, MedMark 1/26/16</p> <p>Charles Watson, BH, Eastern, Hampden, and Belair 1/29/2016</p> <p>Jinlene Chan, Anne Arundel County Department of Health 1/29/2016</p>	<p>treatment for Medicaid participants and soon for uninsured clients as well, authorization processes are streamlined.</p>
<p>The Department should approve authorizations 6 months at a time that are inclusive of all clinical treatment codes that the OTP provider is licensed to provide, to reduce admin burden.</p>	<p>MATOD 1/23/16</p> <p>NCADD-Maryland 1/28/16</p> <p>Tara Andrews, Addiction Treatment Systems 1/29/2016</p>	<p>Thank you for your suggestion. OTPs currently receive 6 month authorizations, this will remain for the methadone maintenance weekly bundle as well as for counseling authorizations for OTPs.</p>
Rates		
<p>The guest dosing rate is insufficient and should be reviewed given the amount of admin and clinical effort that goes into hosting a guest patient.</p>	<p>Lori Brewster, Health Officer, Wicomico County Health Department 12/24/15</p> <p>Eric Gray, Program Director, Worcester County Health Department 1/8/16</p> <p>Yngvild Olsen, 12/21/15</p> <p>MATOD 1/23/16</p> <p>NCADD-Maryland 1/28/16</p> <p>Michelle Hardy, Wicomico County Health Dept BH 1/29/2016</p> <p>Tara Andrews, Addiction Treatment Systems 1/29/2016</p> <p>Joel Prell, A Helping Hand and Genesis Treatment Services 12/16/2015</p>	<p>The Department is continuing to review the rates.</p>
<p>While we are not opposed to the concept of separating out</p>	<p>Eric Gray, Program Director, Worcester</p>	



<p>counseling services from the rest of Methadone Maintenance reimbursement, the weekly rate of \$42 per week per patient is too low and should be reconsidered. The current proposed amount of \$42 per week will mean the majority of programs will have to close.</p> <p>Suggested rates ranged from \$70 to \$95 per week, based on the JHU study, cost analyses, and factoring in inflation.</p>	<p>County Health Department 1/8/16  Jason David, Outlook Recovery and Bayside Recovery 1/29/16  Frank Chika, Turning Point 1/11/16  Joel Prell, A Helping Hand and Genesis Treatment Services 1/19/16  MATOD 1/23/16  Noah Nordheimer, Concerted Care Group 1/25/2016  Frank Baumann, MedMark 1/26/16  NCADD-Maryland 1/28/16  Noah Nordheimer Concerted Care Group 12/22/2015  Jinlene Chan , Anne Arundel County Department of Health 1/11/2016  Jewell Benford, University of Maryland Drug Treatment Center 1/27/2016  Rev. Milton Williams, Turning Point 1/28/16  Charles Watson, BH, Eastern, Hampden, and Belair 1/29/2016  Michael Hayes, Marian Currens, Center for Addiction Medicine 1/29/2016  Sarah Drennen, Frederick County Behavioral Health Services 1/29/2016  Tara Andrews, Addiction Treatment Systems 1/29/2016  Babak Imanoel, BH Health Services, Inc. 1/28/2016  Jinlene Chan, Anne Arundel County Department of Health 1/29/2016</p>	
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The counseling service should include case work or the bundled rate should be increased to include case work (\$80 per week)	Rev. Milton Williams, Turning Point 1/28/16 Kevin Pfeffer, Turning Point, 1/7/2016	Clinical services do not include case work.  The Department is reviewing rate suggestions.
If the rates for PT 32s are being re-bundled, the rates for PT 50s should also be re-considered.	Cindy Henderson 12/16/15	This re-bundling proposal more effectively mirrors the billing under PT 50s and the clinical counseling code rates are the same.
H0001 Assessment rate should be increased to match inflation.	Rev. Milton Williams, Turning Point 1/28/16	Thank you for your suggestion but the Department is not reviewing other codes at this time.
Buprenorphine		
The rate for buprenorphine is also too low and disincentivizes taking on buprenorphine patients.	Jinlene Chan , Anne Arundel County Department of Health 1/11/2016 Jinlene Chan, Anne Arundel County Department of Health 1/29/2016	The rate for buprenorphine will be the equivalent for the rate for methadone minus the cost of the medicine.
Allowing OTPs to Bill for Additional Services		
Physician, Nurse Practitioner and Physician Assistant responsibilities in the OTP setting is of increased importance and prevalence in the provision and coordination of substance use disorder, somatic and psychiatric treatment services. The Department should examine the potential for such services to become reimbursable in addition to the medication/toxicology bundle.	MATOD 1/23/16 NCADD-Maryland 1/28/16 Tara Andrews, Addiction Treatment Systems 1/29/2016	The Department will consider this suggestion.

OTPs are expected to deliver medication – often without any means of reimbursement. With an aging and complex population, it is unreasonable for the system to expect this level of uncompensated care to continue.	MATOD 1/23/16 Frank Baumann, MedMark 1/26/16 NCADD-Maryland 1/28/16 Charles Watson, BH, Eastern, Hampden, and Belair 1/29/2016 Jinlene Chan, Anne Arundel County Department of Health 1/29/2016	The Department will consider this suggestion.
Add a methadone induction that is similar to Buprenorphine induction.	Addiction Treatment Systems 1/27/16	The Department will consider this suggestion.
Add the ability to bill for labs separate from the bundled weekly rate.	Addiction Treatment Systems 1/27/16 Michelle Hardy, Wicomico County Health Dept BH 1/29/2016	G0477 (point of care testing) labs are included in the bundle. Samples sent to the lab are not included in the bundle and would be billed separately.  The Department is not considering changing the way labs are reimbursed in OTPs.
Add implantable medication reimbursement to the re-bundling proposal, in anticipation of FDA approval.	Central Baltimore Partnership 2/2/16	Medicaid does not reimburse for non-FDA approved drugs.
Alternative Proposals for Reimbursement		
Establish a new procedure code for Methadone Maintenance patients who also receive IOP services (example H0021). <ul style="list-style-type: none"> <li>This procedure code would reimburse the provider at a slightly reduced rate for methadone maintenance services (say \$65-\$70/week to at least cover the costs).</li> </ul>	Joel Prell, A Helping Hand and Genesis Treatment Services 12/16/15	The Department will consider the suggestions made under this section.

<ul style="list-style-type: none"> <li>○ Then, allow the provider to bill regularly for IOP services at the existing rates.</li> </ul> <p>For all other regular methadone maintenance patients, leave everything the same (H0020 =80.00 per week)</p>		
<p>The only way to improve quality of care is to define and demand outcome measures as a requirement for higher payment.</p> <p>Measurable and desirable outcome measures could include such things as:</p> <ul style="list-style-type: none"> <li>● percentage of patients with negative urine drug screens,</li> <li>● patient satisfaction surveys,</li> <li>● patient retention,</li> <li>● earning of take home doses,</li> <li>● adequate methadone dosing, etc.</li> </ul>	Lee Tannenbaum, M.D. 1/5/16	
<ul style="list-style-type: none"> <li>● A weekly rate of \$72 per week</li> <li>● Every patient approved for the weekly services to receive authorization for a minimum of 52 individual counseling sessions per calendar year. Code H0004 \$20</li> <li>● Every patient approved for weekly services to receive authorization for a minimum of 150 group sessions per calendar year. Those who are open to groups will want to attend multiple groups per week. Those who are not ready for groups will attend zero.</li> <li>● Any cost savings from the proposed rebundling will</li> </ul>	Noah Nordheimer, Concerted Care Group 1/25/2016	

be escrowed to create a “Recovery Trust Fund”. These funds should be used for a number of things including tracking of data of OTP patients and studying performance outcomes of OTP facilities.		
Modify guest dosing proposal: <ul style="list-style-type: none"> <li>• Create separate billing codes for guest dosing</li> <li>• Home OTP is reimbursed \$30 per week</li> <li>• Guest OTP is reimbursed \$12 per day</li> <li>• Place no limit on number of days the participant may receive guest dosing</li> </ul>	Addiction Treatment Systems 1/27/16	
Allow each provider to choose either a bundled or unbundled rate.	Addiction Treatment Systems 1/27/16	